

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA07696-005
(Inmate Number)

1: CV 01-0239

NDONGO, Germain Didier
(Name of Plaintiff)801 Eastern Ave Capitol Heights, MD
(Address of Plaintiff)

20743

(Case Number)

FILED
SCRANTON
FEB 06 2001
COMPLAINT
DEPUTY CLERK

vs.

FCI, LSCI

PO Box 209 White Deer, PA 17887

Warden, Ackley Susan, DDS Morley
(Names of Defendants)

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS

28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?

☒ Yes ☐ No

- B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes ☐ No

If your answer is no, explain why not

- C. Is the grievance process completed?
- ☒
- Yes
- ☐
- No

II Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the name, positions and places of employment of any additional defendants.)

A. Defendant LSCI, Low Security Correctional Institution is employed as Federal Correction Inst. at White Deer, PA

B. Additional defendants Warden, Chief DENTIST, et al

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. On or about Feb 16th, 1999, LSCI has
served a cherry pie that which contained
a pit in the pie. The Kitchen Facility
did not check the quality of its pie order
2. Consequently, plaintiff Germain NDONGO
chipped a tooth as evidenced by S. Page a media
Supervisor. I was sent to see the dentist after
several unsuccessful attempts. I was transferred to I
holding. DDS Morley performed an expedited poor
that has long time fell.
3. Warden, Buckley Susan repeatedly, ignored my
complain until the last minute

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite cases or statutes.)

1. Plaintiff is asking this Honorable Court to award him an amount of \$850,000 (Eight Hundred fifty thousand and no 100) for ① pain and suffering ② Mental Anguish ③ Irreversible lifelong deformity
- 2.
- 3.

Signed this 31st day of Jan 31st, 1999.


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

31st Day of Jan 1999
(Date)


(Signature of Plaintiff)




UNITED STATES GOVERNMENT
memorandum

LSCI Allenwood, Pa. 17810

*Exhibit
"A"*

DATE: April 2, 1999

REPLY TO: 
ATTN OF: S. Page

SUBJECT: Chipped Tooth

TO: Ms. Mudge, Safety Manager

1: CV 01-0239

On February 16th, at aproxamatly 11:45 AM I/M Ndonga Germain Reg.#07696-005 chipped his tooth wile eating his dessert. I/M Ndonga brought the incident to my attention. I confirmed the cause to a cherry pit in the pie filling. The I/M was sent to Health Services immediatlly. My supervisor was notified as well as the Saftey Manager.

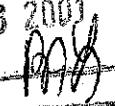
If you have any question please feel free to contact me at your leasure.

Thank you.

S. Page

**FILED
SCRANTON**

FEB 06 2001


PER
DEPUTY CLERK

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

Submit To Appropriate Federal Agency:

US District Ct For the Middle District
of Pennsylvania
235 North Washington Ave
PO Box 1148 Scranton, PA 18501-1148

2. Name, Address of claimant and claimant's personal representative, if any.
(See instructions on reverse.) (Number, street, city, State and Zip Code)

GERMAIN D. NDONGO
644 Keefer Pl.
Washington, DC 20010

1. TYPE OF EMPLOYMENT 4. DATE OF BIRTH 5. MARITAL STATUS 6. DATE AND DAY OF ACCIDENT 7. TIME (A.M. OR P.M.)
☐ MILITARY ☒ CIVILIAN 06-23-58 M Feb. 16th, 1999 11:45 AM

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Plaintiff was at the time of this injury an inmate at the LSCI, Allenwood, PA. During a lunch at the food facility, while eating my dessert made of cherry pie filling. A crack was heard and pain felt. A front tooth was chipped and immediately, the incident was brought to Mr Page's attention who confirmed the cause to a cherry pit in the pie filling. His supervisor was notified. What followed is a gross negligence to handle the LSCI unwillingness to redress a tort. See attached chain of command exhausted appeals until 04/05/99 five days before plaintiff's release date of 04/10/99. Serial of requests and answers are attached. Expeditive "repair" was unsatisfactory and a fail

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

N/A

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Aesthetic deformity, discomfort disfigurement from the time of the injury and forward. This demise has conveyed and created a mental distress for years and lifelong anguish. GERMAIN D. Ndongo is the claimant affected by this injury of chipped tooth caused by a cherry pie pit served by LSCI Food Service.

11. **WITNESSES**

NAME	ADDRESS (Number, street, city, State, and Zip Code)
S. Page S. Luttrell DR. Morley, DDS Campbel, Ackley Susan, Warden	P.O. Box 1500 LSCI Allenwood White Deer, PA 17887

12. (See instructions on reverse) **AMOUNT OF CLAIM (in dollars)**

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
N/A	\$850.000.00	N/A	\$850.000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT THE AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)	13b. Phone number of signatory	14. DATE OF CLAIM
	202 726-2514	04/30/1999

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)